


REVISED

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

AMENDED REPORT

1. Federal Agency and Organizational Element to Which Report is Submitted GSA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 9855/47000016/00000GS6W53/20/GSA		OMB Approval No. 0348-0039	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) ALABAMA SECRETARY OF STATE P O BOX 5616					
4. Employer Identification Number 63-6000619		5. Recipient Account Number or Identifying Number 1133, TITLE 1, GROUP 102		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 5/1/2003		To: (Month, Day, Year) 5/19/2005		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004	
				To: (Month, Day, Year) 12/31/2004	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		919.30		0.00	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		919.30		0.00	
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
j. Federal share of net outlays (line d less line i)		919.30		0.00	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				919.30	
o. Total Federal funds authorized for this funding period				51,935.12	
p. Unobligated balance of Federal funds (Line o minus line n)				51,015.82	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate c. Base d. Total Amount e. Federal Share			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. LINE 10o INCLUDES INTEREST OF \$544.94. THIS REPORT IS AMENDED TO INCLUDE INTEREST NOT INCLUDED IN THE ORIGINAL REPORT FILED.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title NANCY L. WORLEY, SECRETARY OF STATE				Telephone (Area code, number and extension) 334-242-7206	
Signature of Authorized Certifying Official 				Date Report Submitted May 20, 2005	

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Standard Form 269 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

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BY: